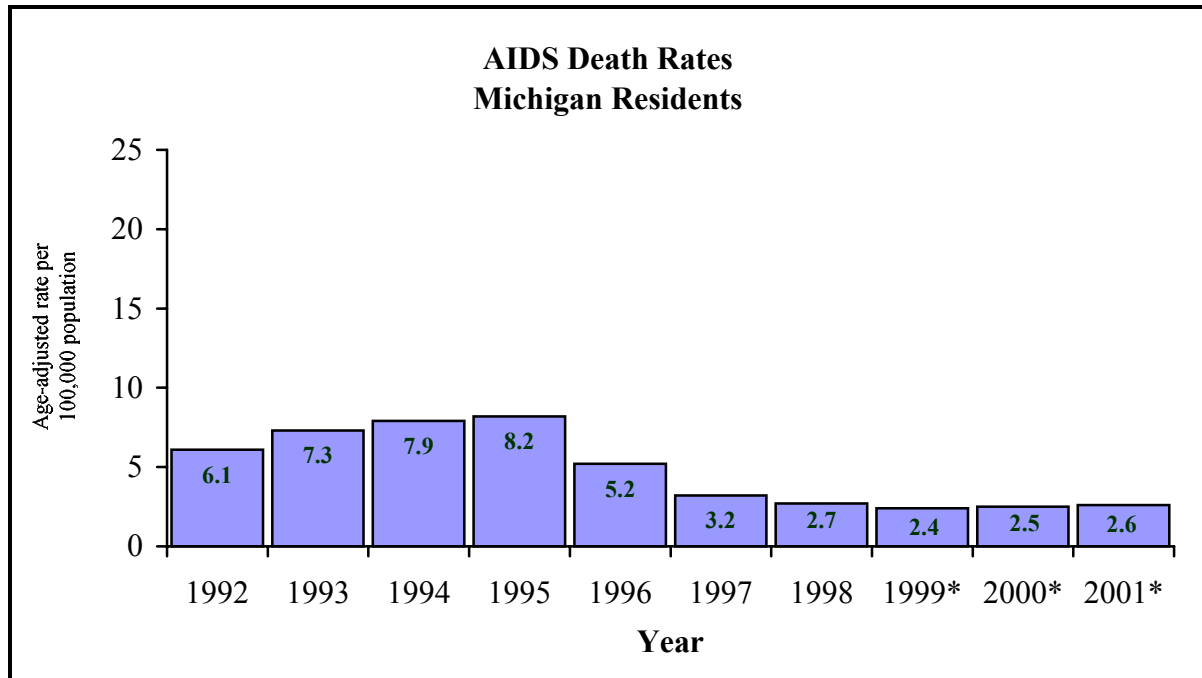


Focused Indicators

Morbidity and Mortality

AIDS Deaths



* Death data based on ICD-10 coding. See *Technical Notes* for detailed explanation on ICD coding changes.
Source: Division for Vital Records and Health Statistics, MDCH

How are we doing?

The rate of death due to AIDS in Michigan declined significantly from its peak of 8.2 deaths per 100,000 population in 1995 to 2.6 per 100,000 in 2001. In 2001, there were 253 deaths in Michigan due to AIDS. At the peak in 1995, there were 795 AIDS deaths, the final state of Human Immunodeficiency Virus (HIV).

The number of HIV-related deaths (including AIDS) in Michigan declined by two-thirds (2/3) between 1995 and 2001. The decline was marked among all groups, but was significantly greater among white males (80.5%) compared with black males (65%), and women (47%). The number of HIV-related deaths declined significantly in 1995 and 1997 (60%), but has held at between 60 to 70 deaths. The decline in deaths is attributed to effective treatments that prolong life but do not eliminate HIV infection. Education and prevention efforts have helped to reduce the incidence of new infections, which also contributes to the decline in AIDS deaths.

While deaths from HIV/AIDS have declined, the number of persons newly diagnosed with HIV infection was roughly level between 1990 and 1997, at 1,100 a year, but had since declined to about 900 in 1996 to 650 cases in 2000. The profiles of persons newly diagnosed with HIV disease has not changed significantly between 1996 and 2000. The proportion remained stable between the different race and sex groups as well as by mode of transmission.

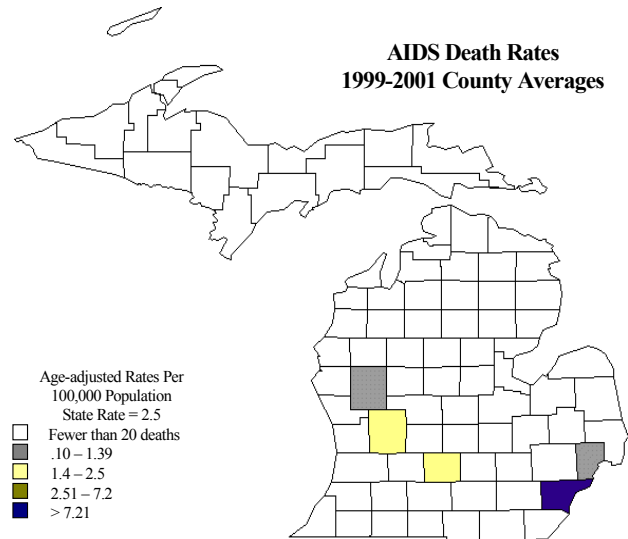
How does Michigan compare with the U.S.?

Michigan's 2000 age-adjusted AIDS death rate of 2.5 was less than half the U.S. rate of 5.3 deaths per 100,000 population. Both the U.S. and Michigan have experienced a rapid decline in AIDS deaths since 1995. Michigan ranked 17th in total number of cases compared to all U.S. states, and 29th by cumulative rate per 100,000 population.

How are different populations affected?

In 2001, about 85 percent of all AIDS deaths in Michigan occurred to persons in the 25-64 year old age group. This has historically been the age group with the greatest number of AIDS cases.

Though the mortality rate for AIDS has decreased dramatically for African-American males since 1995 (64.5 compared to 22.7 per 100,000 in 2001), AIDS continues to be one of the leading causes of death for this group. In 2001, the rate of AIDS deaths in Michigan was more than 15 times higher for African-Americans males (22.7) than for white males (1.5).



The state has made progress in eliminating perinatally transmitted (mother-to-child) HIV infection. Since 1997, about two to four children each year become perinatally infected, but preventive treatment of the mother during pregnancy decreases the baby's chances of becoming infected by about two-thirds.

For more state and local data on AIDS deaths, visit the Michigan Department of Community Health Web site at www.michigan.gov/mdch. For more information on Michigan-specific perinatal HIV transmission, visit the Centers for Disease Control and Prevention website at <http://www.cdc.gov/mmwr/preview/mmwrhtml/mm5105a1.htm>.

What other information is important to know?

HIV infection can remain hidden in the human body for many years. Some people may have symptoms in as soon as a few months, whereas others may be symptom-free for more than 10 years. MDCH estimates that there are currently 15,500 persons living with HIV or AIDS in Michigan. About 10,517 of these have been diagnosed and reported. The number of persons living with HIV or AIDS in Michigan is increasing because new cases are still being diagnosed and infected persons are living longer due to treatment.

The decline in AIDS and HIV-related deaths is due to better access to care and the availability of improved treatments, such as combination drug therapies, that delay the onset of AIDS and enable persons infected with HIV to maintain better health for a longer period of time. Education and prevention efforts have helped to reduce the incidence of new infections, which also contributes to the decline in AIDS deaths.

What is the Department of Community Health doing to affect this indicator?

The department's Division of HIV/AIDS-STD (DHAS) focuses its prevention, education, and care programs on the epidemic to affect a decrease in HIV/AIDS morbidity and mortality.

Early access to care is essential in order to maintain optimal health for persons infected with HIV. For this reason, the first goal of the Division's HIV/AIDS care program is to ensure that persons living with HIV (PLWH) have access to and are sustained in primary health care. To this end, DHAS supports a comprehensive continuum of care throughout the state including a drug assistance program, a dental assistance program, medication adherence programs, services targeted to minority populations, and a full range of community-based care services. Case management programs funded by DHAS coordinate care services to increase service access and promote efficient, cost-effective service delivery. For more information, please see http://www.michigan.gov/mdch/0,1607,7-132-2944_5320_5331-36307--,00.html.

In addition to the provision of FDA approved drugs, Michigan's Drug Assistance Program (DAP) (see http://www.michigan.gov/mdch/0,1607,7-132-2940_2955_2982-44913--,00.html) supports immune system monitoring, viral load and genotype testing to facilitate appropriate therapy, and pays for insurance premiums for the previously insured. Michigan's Dental Program (MDP) (see http://www.michigan.gov/documents/dental_6922_7.pdf) is a comprehensive dental access program for the uninsured or underinsured PLWH to enable them to obtain dental care services and maintain optimal oral health. Other continuum of care services supported by the Ryan White CARE Act (Title II) and Michigan Health Initiative (MHI) resources administered by DHAS include ambulatory medical care, client and legal advocacy, mental health services, emergency financial assistance, food banks, psychosocial support, housing-related services, home healthcare, and transportation.

The MDCH Maternal and Child HIV/AIDS program provides services to reduce the perinatal transmission of HIV and assures coordination of medical care and social support services for infected and affected women, children, and families. The program is based on a family-centered care approach for service delivery that recognizes the influence of family in the care and management of the disease.

The Department also supports a range of evidence-based and culturally competent HIV prevention services targeted to communities at greatest risk for transmission/acquisition of HIV, as indicated by epidemiological data. Interventions are designed to facilitate entry into care and treatment or to promote adoption and maintenance of behavioral risk reduction. Services include outreach, education, HIV counseling and testing, partner counseling and referral services, training for health professionals, family planning programs, risk reduction, and prevention case management. These

programs are designed to prevent disease and/or sustain a healthy life for those who become infected.

Finally, the nature and extent of the HIV epidemic is monitored using a sophisticated system of active disease surveillance. To view surveillance data and information on HIV/AIDS, see http://www.michigan.gov/mdch/1,1607,7-132-2944_5320_5331---,00.html.

Last Updated: June 2003.